

**MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET
(FOR USE WITH FORM PTO-875)**

SERIAL NO.
09751160
APPLICANT(S)

FILING DATE
02-27-01

CLAIMS

	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT			*		*		*	
	IND.	DEP.	IND.	DEP.	IND.	DEP.		IND.	DEP.	IND.	DEP.	IND.	DEP.
1	1						51						
2	1						52						
3		2					53						
4		1					54						
5		2					55						
6		1					56						
7		1					57						
8		1					58						
9		2					59						
10		2					60						
11		2					61						
12		2					62						
13		2					63						
14		2					64						
15		1					65						
16		2					66						
17		2					67						
18		2					68						
19		2					69						
20		2					70						
21		2					71						
22		2					72						
23		2					73						
24		2					74						
25		2					75						
26		2					76						
27							77						
28							78						
29							79						
30							80						
31							81						
32							82						
33							83						
34							84						
35							85						
36							86						
37							87						
38							88						
39							89						
40							90						
41							91						
42							92						
43							93						
44							94						
45							95						
46							96						
47							97						
48							98						
49							99						
50							100						
TOTAL IND.	2						TOTAL IND.						
TOTAL DEP.	43						TOTAL DEP.						
TOTAL CLAIMS	45						TOTAL CLAIMS						